

May 24 2008 10:49  
7145407729  
May 24 2008 09:20a  
714 540 2279

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# 497 Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Mike Bartlett for Judge		Date of This Filing 05/24/2008	Date Stamp	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER 949-370-0740	I.D. NUMBER (if applicable) 1303459	Report No. 2	in the office of the Secretary of State of the State of California	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)	MAY 24 2008 DEBRA BOWEN Secretary of State	
CITY	STATE	ZIP CODE	No. of Pages 1	

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
05/24/2008	Michael Bartlett	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3,800.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: \_\_\_\_\_  
\_\_\_\_\_

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee (other than PTY or SCC)  
OTH - Other (e.g., business entity)  
PTY - Political Party  
SCC - Small Contributor Committee

# 497 Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

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497 CONTRIBUTION REPORT

NAME OF FILER Jonathan Fish for OC Superior Court		Date of This Filing 05/24/2008	Date Stamp MAY 24 2008	<b>CALIFORNIA FORM 497</b> RECEIVED AND FILED in the office of the Secretary of State of the State of California DEBRA BOWEN Secretary of State
AREA CODE/PHONE NUMBER 714-540-2295	I.D. NUMBER (if applicable) 1301155	Report No. 1		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY	STATE	ZIP CODE	No. of Pages 1	

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
05/23/2008	Michael J. Schroeder	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney  Self	2,513.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: \_\_\_\_\_

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 IND - Individual  
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 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee

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CARD

# 497 Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Debra Carrillo for Superior Court		Date of This Filing 05/24/2008	Date Stamp	<b>CALIFORNIA FORM 497</b> For Official Use Only RECEIVED AND FILED in the office of the Secretary of State of the State of California MAY 24 2008 DEBRA BOWEN Secretary of State
AREA CODE/PHONE NUMBER 949-525-6190	I.D. NUMBER (if applicable) 1304860	Report No. 1		
STREET ADDRESS		<input checked="" type="checkbox"/> Amendment to Report No. 1 (explain below)		
CITY	STATE	ZIP CODE	No. of Pages 1	

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
05/22/2008	Association of Orange County Deputy Sheriffs PAC (#782021)	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,215.42  <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		  <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		  <input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: In Kind was attributed to Wayne Ordos in error

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 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee



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**Slate Mailer  
Late Payment Report**

Type or print in ink.  
Amounts may be rounded to whole dollars.

**RECEIVED AND FILED**  
in the office of the Secretary of State  
of the State of California

Date Stamp  
**MAY 24 2008**  
**DEBRA BOWEN**  
Secretary of State  
*R*

**CALIFORNIA FORM 498**  
For Official Use Only

☐ Amendment No. \_\_\_\_\_  
Report No. \_\_\_\_\_

NAME OF SLATE MAILER ORGANIZATION			STREET ADDRESS		
CLEAN SLATE 2008					
AREA CODE/PHONE NUMBER	OPTIONAL: FAX/E-MAIL	I.D. NUMBER	CITY	STATE	ZIP CODE
415-695-0828	CLEANSULATE2008@GM	PENDING 1307304			

**Late Payment(s) Received From:**

NAME	I.D. NUMBER (if applicable)
RE-ELECT FIONA MA	1293560
ADDRESS	CITY STATE ZIP CODE
	3
OCCUPATION/EMPLOYER OR NAME OF BUSINESS IF SELF-EMPLOYED (if applicable)	
DATE RECEIVED:	AMOUNT
05 / 23 / 2008	\$ 5000
NAME OF CANDIDATE OR BALLOT MEASURE:	<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
FIONA MA	
OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION	AMOUNT ATTRIBUTED
STATE ASSEMBLY DISTRICT 12	\$ 5000
NAME OF CANDIDATE OR BALLOT MEASURE:	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION	AMOUNT ATTRIBUTED
	\$

NAME OF CANDIDATE OR BALLOT MEASURE:	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION	AMOUNT ATTRIBUTED
	\$
NAME OF CANDIDATE OR BALLOT MEASURE:	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION	AMOUNT ATTRIBUTED
	\$
NAME OF CANDIDATE OR BALLOT MEASURE:	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION	AMOUNT ATTRIBUTED
	\$